MENDMENT AMENDMENT PAID BOD Total Minus 3 • Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASM

* If the entity in column 1 is less than the entity in column 2, write "o" in column 3.

" If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total I Independent) is the highest number found in the appropriate box in column 1.

FEE FEE X\$ 9= X\$18= OR X40= X80= OR +135e +270= ADDIT FEE

Patient and Tendemark Office, U.R. DEPARTMENT OF CONDIERCE. VLS. 0FC: 2000-449-708-00100

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